## FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response. . . . . . 16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC	USE OF	VLY
Prefix		Serial
	l	
DA	TE RECEIV	ED '
1		

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Victory HillsTenancy in Common Interests	CEO
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE Was some
A. BASIC IDENTIFICATION DATA	ALIG X 9 2000
1. Enter the information requested about the issuer	Attis A 7 7 (III)
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Kansas City Senior Living Property, LLC	Washington, DC ๆ ปี ปี ปี
	elephone Number (Including Area Code) 3) 375-9016
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Felephone Number (Including Area Code)
Brief Description of Business	
Acquisition of senior living facility and related land.	3
Type of Business Organization  corporation business trust limited partnership, already formed limited partnership, to be formed LIMITED LIABILIT	LKOCEGGED
Actual or Estimated Date of Incorporation or Organization: 111 06 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	AUG 1 3 2008  THOMSON REUTER

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		a a a Albasicati	ENTIFICATION DATA		
2. Enter the information r	equested for the fo	llowing:			
<ul> <li>Each promoter of</li> </ul>	the issuer, if the is:	suer has been organized v	within the past five years;		
<ul> <li>Each beneficial ov</li> </ul>	ner having the pow	ver to vote or dispose, or d	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
• Each executive of	ficer and director o	of corporate issuers and of	f corporate general and mas	naging partners of	partnership issuers; and
. Each general and	nanaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
		,	·		
Full Name (Last name first, Senior Living Properties	•	ember)			
Business or Residence Addre 3723 Fairview Industrial			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Harder, Jon M. (Manage		g Properties III, LLC)			
Business or Residence Addre			ode)		
3723 Fairview Industrial	•	- · · · · · · · · · · · · · · · · · · ·	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Fisher, Darryl E.	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
3723 Fairview Industrial	Drive SE, Salem	n, OR 97302			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)	·			
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)	<u></u>	<del>,</del>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		<del></del>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	<del></del>	
	(Hee blan	nk cheet, or conv and use	additional conies of this cl	heet as necessary	

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1. Has i	he issuer sol	d or does ti	ha icenar i	ntend to ce	ll to non-a	coredited i	nvectore is	thic offer	ina?		Yes	No EA
1. 1145	ne issuei soi	u, or does t			ı Appendix							<b>X</b>
2. What	is the minin	nım investn	nent that u	ill be acce	nted from	any individ	lual?				s 100	0,000.00
·_	••		• . •	-		•		•	•	-	Yes	. No
3. Does	the offering	permit join	t ownershi	p of a sing	gle unit?							
comr	the informa	nilar remune	ration for s	solicitation	of purchase	ers in conn	ection with	sales of se	curities in t	he offering	ζ,	
	erson to be li ites, list the n											
	ker or dealer								rana pan		·-	
Full Nam Balada,	e (Last name Sandra	first, if ind	ividual)			-						· · · · · · · · · · · · · · · · · · ·
Business	or Residence	Address (N	Jumber and	d Street, C	ity, State, Z	(ip Code)						
	Nimbus Ave			erton, OR	97008					<del> </del>		
	Associated B Creek Finan		aler									
	Which Perso		s Solicited	or Intends	to Solicit	Purchasers			-			
	ck "All State								************	•••••	. 🔲 AI	l States
AL	AK	AZ.	AR	C/A	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC)	ND	OH)	OK	OR TOTAL	PA
RI	SC	SĎ	TN	TX	<u>UT</u>	VT	VA	WA	WV	WI	WY	PR
Full Nam Thurber,	e (Last name John D,	first, if ind	ividual)	· ··· <u>·</u>								
	or Residenc					Zip Code)						
Name of	Associated B	roker or De	aler		-							
	Creek Finan											
	Which Perso											
(Che	ck "All State	s" or check	individual	States)							☐ AI	I States
AL	AK	AZ	AR	GA	CO	CT	DE	DC	FL	GA	H	ID
IL MT	[NE]	[A]	KS	KY	LA	ME NO	MD	MA	MI	MN	MS GOD	MO
RI	NE SC	SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	ØR WŸ	PA PR
Full Nam	e (Last name											
Nettland	Paul or Residence	a Addrosa /	Vinnihar on	d Steam C	Str. Ctata	7:- C. da)						
	rview Indust	•		-	• •	Zip Code)						
	Associated B										<del></del>	
	Creek Finan											· · · · · · · · · · · · · · · · · · ·
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MT	NE	NV]	NH	NJ	NM	NY	NC	NĎ	OH	<u>OK</u>	QR.	PA
RI	SC	[SD]	TN	TX	UT	$\overline{VT}$	VA	WA	WV	WI	$\overline{\mathbf{WY}}$	PR

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	Uag the	icanas col	l, or does ti	ha issuar i	ntand to sa	II to non a	oosaditad i	nuestors ir	thic offer	ina?		Yes	No
Ι.	nas ilie	122 nci 2011	ı, or does a							_	••••••		
1	What is	tha minim	in			Appendix		10				c 100	0,000.00
2.	What is the minimum investment that will be accepted from any individual?											Yes	,
3.	Does the offering permit joint ownership of a single unit?											No	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.												•
			ilar remune ted is an as:										
	or states	, list the n	ame of the b	roker or d	ealer. If me	ore than fiv	e (5) persoi	is to be list	ed are asso				
			you may s		e informati	on for that	broker or	dealer only	/·				
	l Name (l aters, Me		first, if ind	ividual)									
			Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
			Oswego, (			,	• ,						
			oker or De	aler									
		ek Financ											
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	States)		••••••	••••••				☐ Al	l States
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	IL	IN	IA]	KS	$\overline{KY}$	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV)	NH	NJ	NM	NY	NC	ND	ОН	<u>OK</u>	OR	PA
	RI	SC	SD]	[TN]	TX	UT	VT	VA	WA	WV	WI	WY	PR
	l Name (I debrand,		first, if ind	ividual)									
			Address (1	Number an	d Street. C	ity State.	Zip Code)						
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	MT RI	NE SC	NV SD	NH TN	TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
					<u> </u>					[ ** v ]			
Ful	I Name (I	_ast name	first, if ind	ividual)									
Bus	siness or	Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)						
Nai	ne of Ass	ociated Br	oker or De	aler	·				<u></u>				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers					<del></del> ,	<del>.</del> -
J.u			or check									☐ Al	l States
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC]	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VΤ	VA]	$\mathbf{W}\mathbf{A}$	WV	WI	$\overline{WY}$	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## .... CAOFFERING PRIGE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS.

	already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	_	
	Equity	\$	\$
	Convertible Securities (including warrants)	¢	c
			\$S
	Partnership Interests		
	Other (Specify Tenancy in Common Interests		
	Total	\$_2,700,000.00	\$ 2,733,576.51
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	13	<u>\$ 2,733,578.51</u>
	Non-accredited Investors		<b>\$</b>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		<b>\$</b>
	Total		§ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees	— — — — — — — — — — — — — — — — —	\$
	Sales Commissions (specify finders' fees separately)	_	\$ 189,000.00
	Other Expenses (identify) Offering and closing costs		\$ 395,000.00
	Total		\$ 584,000.00

e c F S F F	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		Payments to
S F F a		Officers, Directors, &	Payments to
F F a			Others
F	Salaries and fees[	_	_
а	Purchase of real estate	<b></b> \$	<b>2</b> \$ 2,116,000.00
	Purchase, rental or leasing and installation of machinery and equipment	-1.¢	<b>□</b> •
•	Construction or leasing of plant buildings and facilities		_
			. [] 3
O	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another assets or securities.	<b></b> \$	. 🗆 \$
F	Repayment of indebtedness	 \$	
1	Working capital	 \$	
C	Other (specify):	ss	\$
-			. <b>s</b>
(	Column Totals[	\$ <u></u>	<b>2</b> ,116,000.00
1	Total Payments Listed (column totals added)	<b>[</b> ] \$_2,	116,000.00
	D. FEDERAL SIGNATURE		
igna	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ture constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte	
ssuer	r (Print or Type) Signature I	Date	
Kan	sas City Senior Living Property, LLC	August 6, 2008	
	of Signer (Print or Type)  Title of Signer (Print or Type)  Manager of Senior Living Properties III, LLC, S	Sole Member	

## ----- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.7		E	eswatesign	ATURE			1
1.	Is any party described in 17 CFR 230.262 provisions of such rule?			ification	Yes	No	
	S	See Append	dix, Column 5,	for state respo	onse.		
· 2.	The undersigned issuer hereby undertakes D (17 CFR 239.500) at such times as requ			nistrator of an	y state in which this notice is	s filed a no	tice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish	to the state ad	ministrators, u	ipon written request, inform	ation furn	ished by the
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establishment.	e state in w	hich this notice	is hied and u	nderstands that the issuer cl		
	er has read this notification and knows the co horized person.	ontents to b	e true and has di	uly caused this	notice to be signed on its bel	nalf by the	undersigned
Issuer (F	Print or Type)	Signa	ty/re		Date		
Kansas	City Senior Living Property, LLC		[		August 6, 2008	3	
Name (P	rint or Type)	Title	Print or Type	₹			
Jon M	l. Harder	Mana	ager of Serior	Living Proper	ties III, LLC, Sole Member		

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	•			APPENDIX							
1		2	3		4				5 .		
	Intend to sell to non-accredited Investors in State (Part 8-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		Type of security and aggregate offering price offered in state  Type of investor and amount purchased in State		amount purchased in State			lification tate ULOE , attach eation of granted Eltem 1)
State	Yes	No `		Number of Accredited Investors	Amount	Number of Non- Accredit ed Investors	Amount	Yes	No		
AL											
AK											
AZ	l										
AR											
CA		Х	Tenancy in Common Interests - \$2,700,000.00	3	\$806,075.00	0			X		
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СТ								<u> </u>	<u> </u>		
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GA									<u> </u>		
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IL		Х	Tenancy in Common Interests - \$2,700,000.00	1	\$400,000.00						
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IA											
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ME MD MA MI MN MS MO

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	to non-a	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purch (Part C-l	estor and ased in State		under S (if ye expla waiver g	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT										
NE										
NV		Х	Tenancy in Common Interests - \$2,700,000.00	1	\$108,186.64	0			×	
NH										
NJ										
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OR		Х	Tenancy in Common Interests - \$2,700,000.00	7	\$1,169,316.87	0			×	
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VT					·		_	1		
VA										
WA		X	Tenancy in Common Interests - \$2,700,000.00	1	\$250,000.00	0			X	
WV										
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